



Licensing Division
City of Bend
(541) 388-5580
licensing@bendoregon.gov
710 NW Wall Street, Bend OR 97703

This submittal form is to be completed as part of your Change of Information application with the City of Bend. *Download this form before completing fillable fields*, then upload to your active license or registration through the Online Permit Center at www.bendoregon.gov/permitcenter.

CHANGE OF INFORMATION FORM – BUSINESS REGISTRATION

Business Name: _____ Registration #: _____

Mailing Address: _____
City State Zip

Business Owner Change

Previous Owner(s) Name(s): _____

New Owner(s) Name(s): _____

Business Name Change

New Name: _____

Effective Date: _____

Business Address Change

Current Address: _____

New Address: _____

Effective Date: _____

Authorized Representative Name (Print)

Title

Authorized Representative Signature

Date

Has your business closed?

☐ Yes: Reason _____

☐ No



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at licensing@bendoregon.gov or (541) 388-5580; Relay Users Dial 7-1-1.